

Individual Income Tax Return
RESIDENT

19**97**

DO NOT WRITE OR STAPLE IN THIS SPACE

PART-YEAR RESIDENTS MUST USE FORM N-15.
RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 1997

or other tax year beginning _____, 1997 and ending _____, 19____

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Name (If joint return, give first names and initials of both)	Last Name	Your social security number	
	C/O		Spouse's social security number	
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation	
	City, town or post office, State and ZIP code		Spouse's occupation	

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
If joint return, does your spouse want \$2 to go to the fund?	Yes	No	

**FILING
STATUS**

(Check only ONE box)

1 ☐ Single

2 ☐ Married filing joint return (even if only one had income).

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. • _____

4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. _____

5 ☐ Qualifying widow(er) with dependent child (Year spouse died 19 • _____).

EXEMPTIONS

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 32.

6a ☐ Yourself ☐ Age 65 or over

6b ☐ Spouse ☐ Age 65 or over

Dependents:		2. Dependent's social security number	3. Relationship	4. No. of months lived in your home in 1997
6c and 6d	1. First and last name			

6e Total number of exemptions claimed

Enter number of boxes checked on 6a and 6b

Enter number of your children listed 6c

Enter number of other dependents 6d

Add numbers entered in boxes above 6e

INCOME

7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7●		00
8	Interest income from the worksheet on page 25 of the Instructions	8●		00
9	Dividends from the worksheet on page 25 of the Instructions	9●		00
10	State income tax refund from the worksheet on page 25 of the Instructions	10		00
11	Alimony received: Enter name and address of payer	11		00
12	Business or farm: main business activity/product G.E. I.D. No.			
12a	Gross receipts from business or farm	12a		00
12b	Net income or (loss) after subtracting expenses from business or farm	12b●		00
13	Capital gain or (loss) from worksheet on page 25 of Instructions	13●		00
14a	Total IRA distributions..... 14a			00
14b	Taxable amount (see page 30 of the Instructions)	14b		00
15a	Total pensions and annuities 15a			00
15b	Taxable amount (see page 30 of the Instructions)	15b●		00
16a	Rents received. G.E. I.D. No. 16a			00
16b	Net rental income or (loss) after subtracting expenses	16b●		00
17	Unemployment compensation (insurance).	17●		00
18	Other income (state nature and source)	18●		00
19	Add amounts in far right column for lines 7 through 18..... Total Income ➤	19		00

**ADJUSTMENTS
TO INCOME**

20a	Your IRA deduction.....	20b	Spouse's IRA deduction.....	20c		00
21	Medical savings account deduction	21				00
22	Moving expenses	22				00
23	Deductions for self-employment tax	23				00
24	Self-employed health insurance deduction	24				00
25	Keogh retirement plan and self-employed SEP deduction.....	25				00
26	Interest penalty on early withdrawal of savings	26				00
27	Alimony paid Enter name and social security number of recipient	27				00
28	Payments to an individual housing account	28●				00
29	First \$1,750 of military reserve or Hawaii national guard duty pay	29●				00
30	Add lines 20c through 29	Total Adjustments ➤	30●			00
AGI	31 Line 19 minus line 30.....	Adjusted Gross Income ➤	31●			00

• ATTACH CHECK OR MONEY ORDER HERE • ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	32 Amount from line 31. (adjusted gross income)		32		00
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> • and see the Instructions on page 33.				
	33 If you do not itemize your deductions, go to line 34 below. Otherwise go to page 32 of the Instructions and enter your itemized deductions here.				
	33a Medical and dental expenses (from Worksheet A-1)	33a•		00	
	33b Taxes (from Worksheet A-2)	33b•		00	
	33c Interest expense (from Worksheet A-3)	33c•		00	
	33d Contributions (from Worksheet A-4)	33d•		00	
	33e Casualty and theft losses (from Worksheet A-5)	33e•		00	
	33f Miscellaneous deductions (from Worksheet A-6)	33f•		00	
	34 Enter the larger of your: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="font-size: 3em; line-height: 1;">}</div> <div> Itemized Deductions — If line 32 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 26 of the Instructions. If not, add lines 33a through 33f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950 </div> <div style="font-size: 3em; line-height: 1;">}</div> </div>				
35 Line 32 minus line 34. (This line MUST be filled in)	35•		00		
36 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 33 of the Instructions.	36•		00		
37 Taxable Income. Line 35 minus line 36 (but not less than zero) Taxable Income ➤	37•		00		
38 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule I, II, or III; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 24 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) Tax ➤	38•		00		
NONREFUNDABLE CREDITS	39 Income tax paid to another state or to a foreign country (from Worksheet on page 24 of the Instructions) ..	39		00	
	40 Energy Conservation Tax Credit (attach Form N-157).....	40•		00	
	41 Enterprise Zone Tax Credit (attach Form N-756)	41•		00	
	42 Low-Income Housing Tax Credit (attach Form N-586)	42		00	
	43 Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	43•		00	
	44 Add lines 39 through 43 Total Non-Refundable Credits ➤	44•		00	
45 Line 38 minus line 44 (but not less than zero) Balance ➤	45		00		
TAX PAYMENTS AND REFUNDABLE CREDITS	46 Hawaii State Income tax withheld and tax withheld on IHA distribution	46•		00	
	47 1997 estimated tax payments	47•		00	
	48 Amount of estimated tax applied from 1996 return	48•		00	
	49 Amount paid with extension(s)	49•		00	
	50 Food Tax Credit (attach Schedule X) DHS, etc. exemptions •	50•		00	
	51 Credit for Low-Income Household Renters (attach Schedule X)	51•		00	
	52 Credit for Child and Dependent Care Expenses (attach Schedule X)	52•		00	
	53 Medical Services Excise Tax Credit (attach Schedule X).....	53•		00	
	54 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	54•		00	
	55 Capital Goods Excise Tax Credit (attach Form N-312)	55•		00	
	56 Fuel Tax Credit for Commercial Fishers (attach Form N-163).....	56•		00	
57 Motion Picture Income Tax Credit (attach Form N-316)	57•		00		
58 Hotel Remodeling Tax Credit (attach Form N-314)	58•		00		
59 Other credits (attach list and see page 35 of Instructions).....	59•		00		
60 Add lines 46 through 59 Total Payments and Credits ➤	60•		00		
REFUND OR AMOUNT YOU OWE	61 If line 60 is larger than line 45, enter the amount OVERPAID (line 60 minus line 45)	61•		00	
	62 Amount of line 61 to be REFUNDED TO YOU Refund ➤	62•		00	
	63 Amount of line 61 to be applied to your 1998 ESTIMATED TAX 63• 00				
	64 If line 45 is larger than line 60, enter the AMOUNT YOU OWE (line 45 minus line 60). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1997 Form N-12" on it. If you are filing your return late, see page 35 of the Instructions. Balance Due ➤	64•		00	
65 Estimated tax penalty. (See page 35 of Instructions.) Also include this amount in line 61 or 64, whichever applies. 65• 00					
66 If you don't need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here to receive a preprinted label only. <input type="checkbox"/>					

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"> <div>➤ Your signature _____</div> <div>➤ Spouse's signature (if filing jointly, BOTH must sign) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Date _____</div> <div>Date _____</div> </div>		Preparer's Signature and date _____ Firm's name (or yours if self-employed) and address _____		Preparer's social security number _____ Check if self-employed ➤ <input type="checkbox"/>
	Paid Preparer's Information		Federal E.I. No. ➤ _____ ZIP Code ➤ _____		